

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4)
Summary Sheet

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05-008

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

IS THIS AN AMENDMENT? Vos Vos
assistance in completing this form, see instructions on the reverse side.
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

	L		
COMMITTEE INFORMATION	N		
1. Full Name of Committee (as on Statement of Organization) Check if this is a ne	w name		
COMMITTEE TO ELECT KIND	550	IEENEY BO	FCC
2. Acronym or Abbreviated Name (if any)		nmittee Telephone Number	
	(	)	
4. Mailing Address (address where all campaign finance correspondence is received)  2054 N. DELAMARE STREET	Check if th	is is a new address	
5. City, State, ZIP Code	6. Part	y Affiliation (if applicable)	. ,
INDIAMPOLIS, IN 48202	Z	EMOCRAT	
CANDIDATE INFORMATION (For Candidate's	Committ	ees Only)	
7. Full Name of Candidate (include any nickname)		y Affiliation or If Independe	
KATE SWEENEY BELL		DEMOCRAT	<b>-</b>
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		unty of Residence	
CENTER TOWNSHEP ASSESSON		MARIZON	
TYPE OF REPORT		CONVENTIO	ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
Final/Disbands Committee (lines 18, 19, and 20 must be 10") Outgoing Treasurer (within 10 days amend Stateme	nt of Organizatio	n) Post-Co	nvention
12. Reporting Period:		COLUMN A	COLUMN B
From: 1/1/06 Through: 4/7/06		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		6769.80	
14. Cash on hand and investments January 1, current year.			6967.80
CONTRIBUTIONS AND RECEIPTS  (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			;
15a. Itemized (use Schedule A)		7 105 -12	2 100-2
15b. Unitemized		3,185.00	3,185.00
	BTOTAL	3,655.00	\$ 150.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	10,624.80	12,624.80
EXPENDITURES	TOTAL	10,00,00	12/129-00
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		281.80	281.80
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns	UBTOTAL	381.80	281.80
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	10,343.00	10,343.00
19. Debts OWED BY the committee (use Schedule D)		0	7072
20. Debts OWED TO the committee (use Schedule E)			b
	· · · · · · · · · · · · · · · · · · ·		
CERTIFICATION  I CERTIFY THATLINGVE EXAMINED THIS STATEMENT TO THE REST OF MY KNOW FOCE AND BELIEF IT.	STRUE COR		FOR OFFICE USE ONLY

I CERTIFY THAT HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasure.

Title

Date

| Date | | Date | | Date | D

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose, (IC 3-94-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

MARION COUNTY CLERK

06 APR 17 All 9: 42



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, it regular party committee). All cumulative receipts, (such as loan proceeds and repayments, relunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER		
05-008		
Page of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION		COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
MARK THOMPSON 507 PIONEER DRIVE	Contributions:  Direct In-Kind (describe)			1/10
Contributor's Occupation (# required)	Other Receipts:  Interest Loan  Misc. (specify)	100		JASON BELL
106 Marino STREET # 306	Contributions: Direct In-Kind (describe)	50		1/21
Soutsermy PRD 21804	Other Receipts: Interest Loan Misc. (specify)			J. Bul
PACEN I SEON BELL 1/26 N. FORDIR LZW ST.	Contributions:  Direct In-Kind (describe)	100		3/21
Contributor's Occupation (If required)	Other Receipts:  Interest Loan  Misc. (specify)			JiBEN
plillian & Lorest  6 Envisão  507 LEISUNE COUNT	Contributions:  [If Direct  In-Kind (describe)			0/27
SOT LEGISTON, IN.  CINEENWOOD, IN.  SIN142  Contributor's Occupation (N required)	Other Receipts:  Interest Loan  Misc. (specify)	100		J. 325C1
MELHERUE WELSON	Contributions:  [1] Direct  [1] In-Kind (describe)	7		zhr
MITCHER CLE VIEW SIGNATURE	Other Receipts:  Interest Loan  Misc. (specify)	250		J.BEN
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 600		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

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FILE NUMBER			
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Page _	2 of 15		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
TED TOLLEFSON 1330 NOODS BUD.	Contributions:  Direct In-Kind (describe)			2/28
INDENNEROLIS, Im	Other Receipts:  Interest Loan  Misc. (specify)	100		J.Ben
Contributor's Occupation (if required)	Contributions:			
JON BOND 5629 FOXELONE LANE	Direct In-Kind (describe)			7/20
Inopr. In. 1/6254	Other Receipts:	100		
Contributor's Occupation (if required)	Misc. (specify)		<u> </u>	J.802
JON SIEBERINE 3629 FORGLOSE IN.	Contributions: Direct In-Kind (describe)			7.50
Inous. In 1/251/	Other Receipts: Interest Loan Misc. (specify)	100		J. Ben
Contributor's Occupation (if required)	Contributions:			
Lever Boursel St. 657 Fast Ancis St.	Direct In-Kind (describe)			2/ar
I I	Other Receipts: Interest Loan Misc. (specify)	50		
Contributor's Occupation (# required)				J. Beil
MARIOS & PATRALLA PERMAN	Contributions: Direct In-Kind (describe)			2/28
Tropes. In.	Other Receipts:	50		I. BELL
Contributor's Occupation (if required)	☐ Misc. (specify)			4.000
<del></del>	THIS PAGE OF SCHEDULE A	\$ 400		
TOTAL OF ALL PAGES OF SCHEDULE	<del></del>	e		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

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Page	3	of	15	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Sugh COX 906 East Bernyd	Confiributions; Direct In-Kind (describe)			2/25
Inores. In.	Other Receipts:  Interest Loan  Misc. (specify)	25		Jisan
Contributor's Occupation (if required)				
TIME BLEECH 2504 PLEASONT ST.	Coptributions: Direct In-Kind (describe)			2/21
5B, In.	Other Receipts:	25		
48615	Misc. (specify)			JBEIL
Contributor's Occupation (if required)	Cantely disease		<u> </u>	
PHLESTORNER BELLEN 615 N. Ens. ST. #207	Contributions: Direct In-Kind (describe)	100		2/2
Inores. In	Other Receipts:  Interest Loan  Misc. (specify)	100		J.BFIL
Contributor's Occupation (il required)				
Alism Sponen Vacencere 960 Fast Beauty ST.	Copfributions: Direct th-Kind (describe)			2/2r
Innos. In.	Other Receipts:	50		
1/203	☐ Misc. (specify)	ļ		J.BAL
Contributor's Occupation (if required)				
TERESO TODO	Contributions: Direct In-Kind (describe)			2/28
TERESS 1000  136 E. MARKET ST MOD  INDUSTRIAL  Contributor's Occupation (A required)	Other Receipts:  Interest Loan  Misc. (specify)	50		
Contributaria Decumption (Manuford)				J.BEIL
	THIS PAGE OF SCHEDULE A	: 250		l
TOTAL OF ALL PAGES OF SCHEDULE				



State Form 4506 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page 4 of 15				

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
DANO DUMOND	☐ Direct ☐ In-Kind (describe)			2/23
2478 S. DEAMANE		100		7/00
INOPN. IN.	Other Receipts:			
1/125	Misc. (specify)			JISEIL
Contributor's Occupation (# required)	Coptributions:	·		
D'Iparon	Direct			
JEAN O'CONNON	☐ In-Kind (describe)			2/28
3302 E. 57ml ST.		50	ļ	• •
3302 .	Other Receipts:		ŀ	
Inopes In.	Interest Loan			
16205	☐ Misc. (specify)			J.3816
Contributor's Occupation (# required)			<u> </u>	
1	Contributions:			
STALL TERMELL	☐ In-Kind (describe)			-/-
1022 N. DOINEY AVE.	L] II-raid (describe)			2/21
1022	Other Receipts:	50		
Tropes. In	☐ Interest ☐ Loan			
1/6219	Misc. (specify)			T. BELL
Contributor's Occupation (# required)			•	JIDIT
	Contributions:			
ANJE AUSSMEYEN	Direct			
JANGE 1.	☐ In-Kind (describe)			2/28
1022 N. DOWNEY 155				
	Other Receipts:	50		
-Inspis. In	Interest Loan			TIBEK
4/217	Misc. (specify)			1188
Contributor's Occupation (# required)				<u> </u>
1 1/ 2 - / 1 -	Copfibutions:			
Marsus Boxen Conty	Direct			7/2
11/8 11. 4/3ch	In-Kind (describe)			415
118 N. 4301 5T. Inorus. In.	Other Descriptor	40		
Townson In.	Other Receipts:	10		_
1/608	Misc. (specify)	}	]	J.BEIL
Contributor's Occupation (# required)				_
	THIS PAGE OF SCHEDULE A	\$ 290		L
TOTAL OF ALL PAGES OF SCHEDULE		\$ 290		
	M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

**Itemized Contributions and Other Receipts** 

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Mank Trioneson 507 PEWEEN Dr.	Contributions: Direct In-Kind (describe)	lon	200	2/sr
Contributor's Occupation (# required)	Other Receipts: Interest Loan Misc. (specify)	100	200	J.BEL
2 DARLAT SCIMOOT 357 N. McDonorgh	Contributions: Direct In-Kind (describe)			2/28
Macons IL.	Other Receipts: Interest Loan Misc. (specify)	50	,	TIBER
Contributor's Occupation (if required)	Contributions:			,
Jorga STILET By N. Park Mit.	Direct In-Kind (describe)			2/28
Inopes. II.	Other Receipts: Interest Loan Misc. (specify)	50		JiBen
Contributor's Occupation (if required)	Contributions:		<u> </u>	
Many PIZALOSE 14726 STANUSS DAZIE.	Direct  In-Kind (describe)			3/1
GRANEL, IM	Other Receipts: Interest Loan Misc. (specify)	50		I.BEIL
Contributor's Occupation (if required)				
JIMES Gross	Contributions: Direct In-Kind (describe)		1	
1811 Marmot CT.	Other Receipts:	25		J.BELL
Trook In your	Misc. (specify)			1.00
Contributor's Occupation (if required)		1		
1	THIS PAGE OF SCHEDULE A	\$ 275		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
TI NHITEHERD TIZZ MHITETAIL IN.	Contributions: Direct In-Kind (describe)			3/1
Contributor's Occupation (# required)	Other Receipts:  Interest Loan  Misc. (specify)	20		JISEN
2 MINES Many Suffer 5104 Graceino Rit.	Coptibutions: Direct In-Kind (describe)	1227		3/10
Inopes. In.	Other Receipts:  Interest Loan  Misc. (specify)	100		Tilen
Contributor's Occupation (if required)	Contributions:	<del></del>		
3339 H. YZM ST.	Direct In-Kind (describe)			3/14
Iron In	Other Receipts:  Interest Loan  Misc. (specify)	50		J-382
Contributor's Occupation (if required)				
PROJE ALISSMEYER 1022 N. Dounty AUT	Copt/ibutions: Direct In-Kind (describe)	,		3/17
Itopis. In	Other Receipts:  Interest Loan  Misc. (specify)	150	200	JiBen
Contributor's Occupation (if required)	Contributions:			
STEVEL DECEM LONGEN	Direct In-Kind (describe)	/		3/17
15 WASHERSON ST. VALSPARASSON IN. 41383	Other Receipts:  Interest Loan  Misc. (specify)	100		T.Ben
Contributor's Occupation (if required)		11		
	THIS PAGE OF SCHEDULE A	\$ \$20		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEA	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

**Itemized Contributions and Other Receipts** 

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	FILE NUMBER	
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Page _	7 of 15	_

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1 /	Contributions:			
SENTHENOUSE INC.	In-Kind (describe)			1/25
7	arrond (describe)			1/23
301 W. WASKEROTO - 51.	On a Danish	1012		·
	Other Receipts:	100		
Trance In 18204	Misc. (specify)	ľ		. درمر سه
1/6204				SIBEIL
1				
TAT-BON CONSTRUCTION CORP	Coptributions:			
Tora Rose ( DNSTRUCTION)	Direct			ا ر
fort Corp	☐ In-Kind (describe)			2/20
1956 DEAN PLANS		1		
7956 DEAN PERE	Other Receipts:	100		
	Interest Loan			
Inores. In your	Misc. (specify)			J18512
78290				المراس
3	Contributions;			
Love 1 Mornes lar Fire	Direct			/ -
1000	☐ In-Kind (describe)			2/28
P.o. B.x 250		100		'
110.00	Other Receipts:	100		
- 70	nterest Loan			_
Boonvient, In.	☐ Misc. (specify)			3,3510
17601				
	Contributions:			
Jan STEENKAMP	☑ Direct			
ATTORNEY AT LAND	☐ In-Kind (describe)			2/13
PATONNEY LORD		100		
PROFESSIONAL CORP.	Other Receipts:	100		· · · · · · · · · · · · · · · · · · ·
6229 S. Enst ST. #A	☐ Interest ☐ Loan			
0227	Misc. (specify)			J.BEIL
Inors. IN. 18227				
	Contributions:			
Exercise INA.	Direct			
CITIZANIA COL	☐ In-Kind (describe)			2/28
201 HI MASHENETON SI.			בנייענו	2122
301 11.	Other Receipts:	50	150	
Timbes. Zw.	Interest Loan		[	
1/301/	☐ Misc. (specify)		150	31351
301 W. MASHENETON ST.  INDOS. IN.  YEZOY				
1	TUIC DACE OF COURDING A	.400		
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 450		
(Enter total on ITE	M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

**Itemized Contributions and Other Receipts** 

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Page _	8	of_	15

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
THENES & BOSKE  1 N. PENN. ST. #400  THOUGH	Copinbutions: Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)	100		2/28 J.BELV
2 Nonce Invisioners Ire. 238. S. MENZOURS ST. 4501 Inaxs In 1625	Coptributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)	50		3/1 518EU
Invested & Rothlood  JUN N. CONEGE FIE.  Those. In.	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)	100		3/22 I1884
4.	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	: 250		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY  M 15a of the Summary Sheet)	\$		



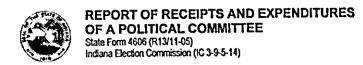
## (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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0	25-	-00	28	1
Page _	1	of_	15	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
<b>1.</b>	Contributions: Direct In-Kind (describe)	10/16		
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)	:		
4	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
	L THIS PAGE OF SCHEDULE A	s 0		
TOTAL OF ALL PAGES OF SCHEDUL (Enter total on I)	E A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$		



# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
05	-0	08	
Page	of	15	

	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
	FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	(street, number, city, state, ZIP code)	Contributions:	, 2,1,1,0		
<b>"</b>		Direct		,	ļį
		☐ In-Kind (describe)		1/	
				///	ļ
		Other Receipts:	. /		<u> </u>
-		☐ Interest ☐ Loan	1//		
		Misc. (specify)	////	ſ	1
					<u> </u>
2.		Contributions:	/		
		Direct		1	1
		☐ In-Kind (describe)			
		Other Receipts:			
		Interest Loan			
		Misc. (specify)			
3		Contributions:			
=		Direct			
		☐ In-Kind (describe)			
		Other Receipts:	1		
		☐ Interest ☐ Loan ☐ Misc. (specify)			
1		[ ] wier (sherily)			1
					1
4		Contributions:			
		In-Kind (describe)			
					1
		Other Receipts:			
		Interest Loan			
		Misc. (specify)			
			-		
5.		Contributions:		1	
		Direct	1		1
		In-Kind (describe)			
		Other Receipts:	1		
		Interest Loan			
		☐ Misc. (specify)			
			_		
-	CHPTOT	AL THIS PAGE OF SCHEDULE A	\$0		-1
	TOTAL OF ALL PAGES OF SCHEDU			-	
1	(Enter total on	ITEM 15a of the Summary Sheet)	\$		



#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED RECEIVED BY
(street number city state ZIP code)	Coptributions:	PERIOD	YEAR-TO-DATE	
FRIENDS OF JON JEHMENS	Direct In-Kind (describe)	000	i	3/1
FRIENDS OF JON JEHRENS 301 NW 444 ST 4108  Enersille In. 177708	Other Receipts:  Interest Loan  Misc. (specify)	250		3/1 518EL
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)		ā -	
S.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
	THIS PAGE OF SCHEDULE A	: 250		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



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## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
M.S. Postmister		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: POSTA:E SUCCESSOR	117		2/7
U.S. POSTIMASTER		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	124.80		2/11
MS. Postmister		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	40		3/20
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	I. GE OF SCHEDULE B	\$281.80		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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	05-	00	8	
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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT DATE DEBT		CUMULATIVE	OUTSTANDING
	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
				4 4	
			1/		
LENGER'S OCCUPATION			141		
LENDER'S OCCUPATION	,				
		· · · · · · · · · · · · · · · · · · ·			
LENDER'S OCCUPATION					
LENDER'S OCCUPATION	-				
LENDER'S OCCUPATION					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION					
SUBTOTAL THIS PAGE OF SCHEDULE D					50
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$
(Lines total on Film 19 of the Summary Sneet)					



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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PUBLIC QUESTIO	N INFORMATION					
Enter Text of Public Question						
Type of Question: Statewide Local						
Position: Supported Opposed						
RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF		
(street, number, city, state, ZiP code)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE		
Code	☐ Direct ☐ In-Kind		10			
	Payment of Debt	,				
	Returned Contribution	h/				
	Purpose:	/ "/	,			
	•					
Code	Direct Infilia					
	Payment of Debt Returned Contribution					
	Cther					
	Purpase:					
				<u> </u>		
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			:		
	Returned Contribution					
	Other Purpose:					
	1 selection					
Code	☐ Direct ☐ In-Kind					
	Payment of Debt Returned Contribution					
	Other					
	Purpose:	l l				
	Direct th-Kind					
Code	Payment of Debt					
	Returned Contribution  Other					
	Purpose:					
	<u> </u>					
Code	Direct In-Kind					
	Payment of Debt Returned Contribution					
	Purpose:					
SUBTOTAL THIS PA	GE OF SCHEDULE C	50		<u> </u>		
TOTAL OF ALL PAGES OF SCHEDULE C ON TH	IE LAST PAGE ONLY	s				
(Enter total on ITEM 17a of	the Summary Sheet)	*				



## (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>. **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

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			<u> </u>		
BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
			M		
		///			
			·		
	·				
		`			
SUBTOTAL THIS PAGE OF SCHEDULE E					50
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet)					\$